

S98715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

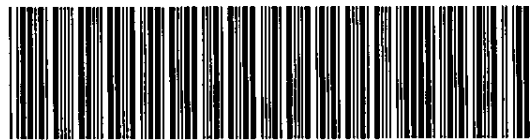
(Business Entity Name)

(Document Number)

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14 JAN -7 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. Lewis
1-14-14



**VECCHIO, CARRIER, FELDMAN
& JOHANNESSEN**

ATTORNEYS AT LAW

www.vcflawyers.com

SHAREHOLDERS

THOMAS P. VECCHIO*

BETTINA N. CARRIER*

BARBI L. FELDMAN*

KRISTEN L. JOHANNESSEN

3308 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803
[863] 701-2100 • 1[800] 785-6319 • FACSIMILE [863] 701-2101

2502 N. ROCKY POINT DRIVE, SUITE 896 TAMPA, FL 33607
[813] 374-2075 • FACSIMILE [813] 374-2078

ASSOCIATES

JULIANA L. CURTIS

LAUREN D. LIEF

MASON A. POKORNY

• BOARD CERTIFIED IN
WORKERS' COMPENSATION

* CERTIFIED CIVIL MEDIATOR

Reply To: Lakeland

January 2, 2014

VIA CERTIFIED MAIL, RETURN RECEIPT

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment to Articles of Incorporation – Name Change
Vecchio, Carrier & Feldman, P.A.

Dear Sir or Madam:

Please find enclosed for filing an original Articles of Amendment to Articles of Incorporation for Vecchio, Carrier & Feldman, P.A. Once the enclosed Amendment has been recorded, please forward a date-stamped copy of said Amendment and a Certificate of Status to my attention.

Also, please find a check in the amount of \$43.75 enclosed for the Filing Fee and Certificate of Status. Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Ryan McDonnell
Chief Operating Officer

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vecchio, Carrier & Feldman, P.A.

DOCUMENT NUMBER: S98715

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan McDonnell, Chief Operating Officer

Name of Contact Person

Vecchio, Carrier & Feldman, P.A.

Firm/ Company

3308 Cleveland Heights Blvd.

Address

Lakeland, FL 33803

City/ State and Zip Code

rmcdonnell@vcflawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan McDonnell

Name of Contact Person

at (863) 701-2100

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED

14 JAN -7 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Vecchio, Carrier & Feldman, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

S98715

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Vecchio, Carrier, Feldman & Johannessen, P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>Johannessen, Kristen L.</u>	<u>4722 Rue Bordeaux</u>
<input checked="" type="checkbox"/> Add			<u>Lutz, FL 33558</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Carrier, Bettina N.</u>	<u>590 Grasslands Village Cir</u>
<input type="checkbox"/> Add			<u>Lakeland, FL 33803</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

APPROVED
AND
FILED

14 JAN -7 PM 4:05

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date if applicable: January 1, 2014

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

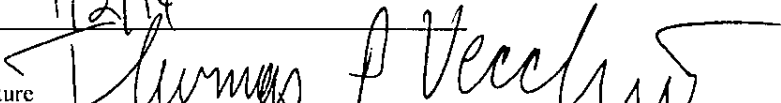
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

1/2/14

Signature



(By) a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Thomas P. Vecchio

(Typed or printed name of person signing)

President

(Title of person signing)